

Please contract the county for the “California Child and Family Services Review – System Improvement Plan” cover page.

## **California Child and Family Services Review Humboldt County System Improvement Plan**

In 1997, the federal government enacted the Adoption & Safe Families Act (ASFA), which mandated the development of outcome measures for safety, permanency and child/family well-being. The Child and Family Services Review (CFSR) was created to measure outcomes in these areas. The federal government then began to audit child welfare systems in all 50 states using the CFSR. So far no states have passed this audit. As a result the federal government required states to develop and implement a Program Improvement Plan (PIP). In 2001, California enacted AB 636 into law as the Child Welfare Services Improvement and Accountability Act of 2001. As part of this Act and California's PIP, all 58 counties in California are required to participate in the California Child and Family Services Review (C-CFSR). The C-CFSR is comprised of three parts: County Self-Assessment; County System Improvement Plan (SIP); and Targeted Peer Quality Review (TPQR).

The County Self-Assessment for Humboldt County was completed earlier this year with input from sixteen organizations and groups that play a role in the lives of children and families. The System Improvement Plan (SIP) is the second part of the C-CFSR to be completed. The first SIP is written for a twelve-month period. Subsequent SIPs will be written for a three-year period. The SIP will be updated on an annual basis. The SIP is considered an operational agreement between the County and the State outlining how the County will improve its system of care for children and youth and forms an important part of the system for reporting on progress toward meeting agreed upon improvement goals using the C-CFSR outcomes and indicators.

The SIP focuses on outcomes. Data outcomes are provided by the State on a quarterly basis and are based on information entered into the statewide electronic case management system: Child Welfare Services Case Management System (CWS/CMS). Each area identified by the County that will be addressed in the SIP will have a plan that includes milestones, timeframes, and proposed improvement goals for the County to achieve.

The Department of Health and Human Services in conjunction with the Probation Department have chosen four areas for improvement:

- Timely Social Worker Visits/Referrals with a Timely Response
- Recurrence of Maltreatment
- Foster Care Placements with Relatives
- Building Partnerships with Native American Tribes

## Local Planning Bodies

To develop and revise the System Improvement Plan (SIP) of Humboldt County's Child Welfare Services (CWS), and the Self-Assessment, input was received from representatives from the following areas:

- Adoptions (CDSS)
- American Federation of State, County and Municipal Employees
- California Youth Connection
- Community Partners
- Court Appointed Special Advocates
- CWS Staff
  - Family Intervention Team
- Foster Parents
  - Parents
- Juvenile Court
  - Probation Department
- Law Enforcement
  - Public Health Branch
- Local Education
  - Regional Training Academy
- Mental Health Branch
  - Two Feathers Native American Family Services
- Yurok Tribe

Humboldt County is one of only three California counties that have an AB1259 waiver that facilitated the consolidation of the Departments of Social Services, Mental Health and Public Health into one department. Since the consolidation of Social Services, Mental Health and Public Health into the Department of Health and Human Services, the Department continues to develop community partners and other public agency networks and collaborations. Some of the interagency collaborations and resources that positively impact outcomes for children and families are: Family Intervention Team (FIT), Community Partners, Evidence-Based Practices, and collaborative agreements for prevention.

The Family Intervention Team (FIT) mentioned earlier is an interagency team comprised of the Humboldt County Department of Health and Human Services, the Humboldt County Probation Department, the Humboldt County Office of Education, Eureka City Schools, Local Tribes and the Redwood Coast Regional Center. The mission of FIT is to provide a comprehensive interagency system of care for at-risk children/youth utilizing the resources of the family and extended family in managing clinical and fiscal risk. The FIT Team makes recommendations on behalf of their agencies regarding out-of-home placements. The team monitors the child's/youth's placement in care to ensure that the child/youth is receiving appropriate services. The team also helps coordinate services for children returning to the community for the purpose of treatment and educational planning.

Community Partners is a local planning and focus group centered on Child Welfare Services issues. Since July 2002, DHHS has held regular Community

Partners meetings as one way to communicate system changes and seek input. Representatives from the following groups and/or agencies attend the meetings:

- Foster Parents
- State Adoptions
- Community Care Licensing
- CASA
- Probation
- Remi Vista Foster Family Agency
- Local Group Homes
- Alcohol Drug Care
- Local Tribes
- Humboldt County Office of Education
- Youth Services Bureau
- College of the Redwoods
- Humboldt County Courts
- North Coast Children's Services
- Law Enforcement
- Humboldt Child Care Council
- Juvenile Justice and Delinquency Prevention Commission

Humboldt County's DHHS and the Probation Department have made a commitment to using evidence-based practices in all prevention, early intervention and treatment strategies. This long-term strategic decision will permeate all aspects of County agency activity, and extend to community partners over the next year. This is a foundation for successful community and family interventions. The evidence-based practices that will be implemented in Humboldt County are: Aggression Replacement Therapy, Family to Family, Functional Family Therapy, Incredible Years, Multi-dimensional Treatment Foster Care, and Parent Child Interaction Therapy.

Prevention partnerships and collaborative activities are embedded in many of the Department of Health and Human Services activities. These collaborations and community partners impact all services and aspects of keeping children safe and protected. The collaborations allow for a wide selection of services as well as set the foundation to increase and expand services. The Humboldt County Department of Health and Human Services began honing a department-wide prevention focus in 2000 by establishing the Consolidated Prevention Activities Project (CPAP). CPAP's mission is "to increase the primary and secondary prevention efforts of the Human Services Cabinet programs in order to maximize community and individual health and safety, and minimize costs and needs for complex treatment efforts." CPAP produced a comprehensive analysis including pathways of existing and needed prevention activities in the Department in 2001. The CPAP continues significant coordination and oversight work to seed prevention principles in all aspects of the Department's work.

As mentioned above, the Department of Health and Human Services is comprised of Social Services, Public Health and Mental Health. The integration has allowed the branches to work closely together in serving the families and community in delivering services that keep families safe and healthy. The Human Services Cabinet, an assembly of management staff of the three branches and the Probation Department, meet to improve service coordination and to promote, develop and maintain a continuum of services that encourage prevention and early intervention activities.

## **Findings that Support Qualitative Change**

The SIP and Self-Assessment input and feedback was collected from a series of focus groups as well as data provided in the California Child Welfare Services Outcome & Accountability County Data Report. The focus groups included staff from Mental Health, Public Health, Child Welfare Services, Probation, foster parents, Adoptions, and Community Partners. The groups identified the specific areas to address in the SIP. These areas had already been identified in the Self-Assessment, as areas for improvement. Focus group feedback was integrated into the SIP through Improvement Goals, Strategies and Milestones.

Two of the measurable areas that were identified in the Self-Assessment that Humboldt County can improve upon were in category of safety: Timely Social Worker Visits/Referrals with a Timely Response; Reoccurrence of Maltreatment. In the category of Family Relationships and Connections, improving the number of children placed with relatives needs to improve. A system area that needs improvement is the Communication and Partnership with Native American Tribes. These relationships impact all outcomes for Native American children and families.

Through the Self-Assessment process, it was discovered that a contributing factor in measurable area outcomes is the need to improve the way data was entered. In some situations data was not entered correctly and in others the work had been completed but not entered into the electronic case management system Child Welfare Services/Case Management System (CWS/CMS). CWS/CMS is the source of data used for measuring outcomes.

Child Welfare Services main source for collecting data on referrals and services is CWS/CMS. It is a statewide system used by all California counties. Many times this data system is slow to update data collection fields to match changes in regulations and state mandates.

In Humboldt County, a new database, the Family Intervention Team (FIT) database, is in development and should be implemented within the year. It will allow management and those workers assigned to manage FIT cases to identify trends as well as families that need attention. This database will also assist in compiling data for reporting and grant applications.

Safe Measures is a web-based data system that monitors numerous case requirements a few of which are: timely social worker visits with children and families, regularly scheduled medical and dental appointments for children, number of placement settings, and case closure deadlines. CWS also utilizes Microsoft Business Objects to create reports based on CWS/CMS data entered by staff.

The Probation Department utilizes an internal ACCESS program database to manage and track children receiving services in the juvenile division.

Beginning in 2004, DHHS will be developing a Quality Assurance and Research division. One of the responsibilities of this division is to establish evaluation methods and a tracking system to measure the effectiveness of program practices utilized by all three branches. These programs include the six new evidence-based programs being implemented as well as programs already in place. The system developed by this division will provide extremely valuable information that will identify program areas of strength and program areas that need improvement, as well as data on the families and children being served. It will allow DHHS to quickly identify areas and populations that have unmet service needs. The research unit of this division will then be able to recommend potential programs or service delivery methods that will address identified areas of need.

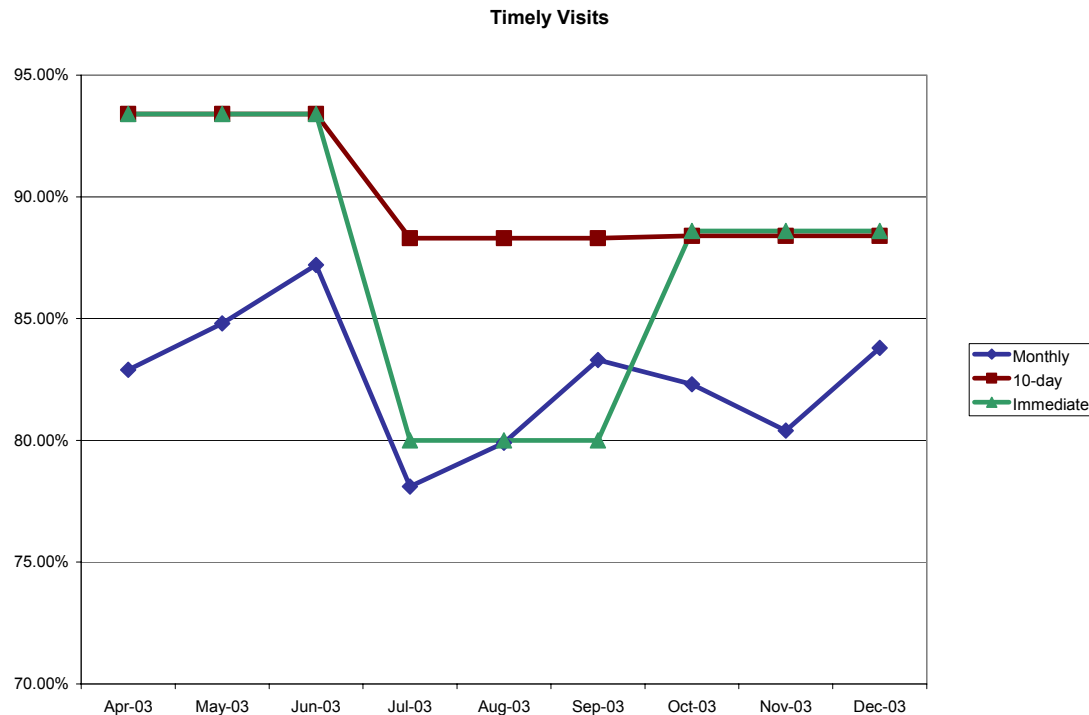
Humboldt County Child Welfare Services and Probation Juvenile Services divisions have developed the following System Improvement Plan that will be followed for the next twelve months. It is believed, that with this plan in place, the identified outcomes and systems for children and families in Humboldt County will improve. Attached to the plan is the Summary Assessment from Humboldt County's Child and Family Service Review Self-Assessment.

**Outcome/Systemic Factor:** Timely Social Worker Visits / Timely Responses to Referrals

**County's Current Performance:** The Humboldt County Self-Assessment indicated that timely monthly visits were an area that needed improvement and that timely responses to referrals was a strength. The data report that provided the percentages of timely visits has been run again by the State and now shows a higher percentage of timely monthly visits, but remains an area that needs to be improved.

The Self-Assessment report recognized timely response to referrals as a strength. Since the Self-Assessment Report, subsequent data reports indicate that the timeliness response to referrals has fallen below the standard.

The chart below shows the percent of timely monthly visits and responses to referrals (Immediate and 10-day) in Humboldt County based upon the California Child Welfare Services Outcome & Accountability Data Report. The federal standard for timely visits and referral responses is 90%.



Improvement Goal 1.0 – Utilize the CWS/CMS system to accurately record timely social worker visits.					
Strategy 1.1 Identify and provide comprehensive and on-going training as well as support to effectively record social worker visits into CWS/CMS.			Strategy Rationale Due to the complexity of the CWS/CMS system and Child Welfare Services’ procedures and regulations, comprehensive and on-going training is necessary to maintain accuracy of information entered into CWS/CMS.		
Milestone	1.1.1 Review current CWS/CMS training materials and guides. If necessary, modify training materials to ensure comprehensive and on-going CWS/CMS training, monitoring and support.	Timeframe	3 months (12/31/04)	Assigned to	CWS Analysts Information Technician CWS Supervisors
	1.1.2 Assess utilization and effectiveness of CWS/CMS training materials and guides for training practices.		6 months (3/31/05)		CWS Analysts Information Technician CWS Supervisors
	1.1.3 Utilize existing training lab with the focus on data entry for timely visits and responses that allows staff to practice and integrate skills.		9 months (6/30/05)		Information Technician CWS Supervisors
	1.1.4 Implement standard practice that ensures staff is accurately entering data within required time frames.		12 months (9/30/05)		Supervisors are key in assuring staff compliance with policy and procedure, oversight by CWS Program Managers, Deputy Director and Director.
Improvement Goal 2.0 Implement a quality control system to ensure timely responses and visits are made.					
Strategy 2.1 Assess the current quality control process and implement necessary changes to ensure timely responses and visits are made and documented in CWS and Probation. Review protocols for prioritization of responses and mandated visits.			Strategy Rationale Quality control by supervisors and program managers in CWS and Probation will ensure visits and responses are made as well as identify training needs of staff.		
Milestone	2.1.1 Assess current practices, including Safe Measures, being utilized to ensure timely responses and visits are made. Identify areas that need to be addressed in order to ensure compliance with mandated timeframes.	Timeframe	3 months (12/31/04)	Assigned to	CWS Analysts CWS Supervisors & Probation Supervisors



<b>2.1.2</b> Recommend effective use of Safe Measures and other tracking tools that CWS and Probation will use to ensure timely visits and responses are made and documented.		4 months (1/31/05)		CWS Analysts CWS and Probation Supervisors
<b>2.1.3</b> Train supervisors and managers on use of Safe Measures and other tracking tools and the expectation that they will be used to ensure timely visits and responses are made.		6 months (3/31/05)		CWS and Probation Supervisors CWS and Probation Management
<b>2.1.4</b> Generate reports for supervisors and administration review on timeliness of visits and responses. If compliance drops below the standard, hold regularly scheduled meetings to review and analyze reports on visits and responses to identify training needs and performance issues.		9 months (6/30/05)		CWS Analysts CWS and Probation Supervisors CWS and Probation Management Deputy Director
<b>2.1.5</b> Implement standard practice for monitoring timely visits and responses in respect to staff performance outcomes.		12 months (9/30/05)		Supervisors are key in assuring staff compliance with policy and procedure, oversight by CWS and Probation Management.
<b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> Unknown system changes may be identified in the strategies outlined.				
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Staff may need additional training on how to accurately record timely social worker response and visits in CWS/CMS. Supervisors, social workers and program managers will need training on methods for ensuring quality control.				
<b>Identify roles of the other partners in achieving the improvement goals.</b>				
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b>				

<b>Outcome/Systemic Factor:</b> Recurrence of Maltreatment					
<b>County's Current Performance:</b> The Humboldt County Self-Assessment report identified the recurrence of maltreatment as an area that needs improvement. Data on this outcome received after the Self-Assessment reflects that this continues to be an area that needs improvement. Based upon the California Child Welfare Services Outcome & Accountability Data Report, the percent of children who were victims of child abuse/neglect with a subsequent substantiated report of abuse/neglect within specific time periods in Humboldt County is:  07/01/01-06/30/02 7.3% 10/01/01-09/30/02 14.4% 01/01/03-12/31/03 14.2%  The federal standard for recurrence of maltreatment is 6.1%					
<b>Improvement Goal 1.0</b> All staff will consistently apply regulation, policies and Structured Decision Making in assessing children at risk of recurrence of maltreatment.					
<b>Strategy 1.1</b> Ensure staff is consistent in understanding and applying the definitions of child maltreatment and allegation determinations.			<b>Strategy Rationale</b> Allegation conclusions differ among Child Welfare Services Staff. A clear understanding on how to apply definitions of child maltreatment and allegation determination is necessary for staff to consistently and accurately apply definitions.		
	1.1.1 Create a policy that requires program manager approval to evaluate out referrals and to close voluntary family maintenance cases under certain circumstances.		3 months (11/30/04)		CWS Program Managers
Milestone	1.1.2 Create a data review team to explore and make recommendations on data issues such as duplicative entries and timing of allegations that will affect the rate of recurrence of maltreatment	Timeframe	3 months (11/30/04)	Assigned to	CWS Analysts
	1.1.3 Review definitions of child maltreatment and allegation determination.		6 months (3/31/05)		CWS Analysts CWS Supervisors CWS Program Managers
	1.1.4 Identify gaps in accuracy and consistency in applying definitions of child maltreatment and allegation determination.		6 months (3/31/05)		CWS Analysts CWS Supervisors CWS Program Managers
	1.1.5 Train staff on accurately and consistently applying definitions of child maltreatment and allegation determination.		9 months (6/30/05)		CWS Supervisors CWS Program Managers

<b>1.1.6</b> Create a review team that will review cases that have a recurrence of maltreatment if the county's rate drops below the standard. The team will look for causal trends as well as training needs.			12 months (9/30/05)		CWS Analysts CWS Supervisors CWS Program Managers Deputy Director
<b>1.1.7</b> Implement standard practice to ensure that staff are accurately applying definitions of child maltreatment and allegation determination.			12 months (9/30/05)		Supervisors are key in assuring staff compliance with policy and procedure, oversight by CWS Program Managers.
<b>Strategy 1.2</b> Accurately utilize SDM definitions to assess likelihood of future maltreatment.			<b>Strategy Rationale</b> Inconsistency exists when applying SDM definitions to assessing safety and risk. More consistent application of SDM definitions will allow Child Welfare Services staff to hone the skills they already possess.		
Milestones	<b>1.2.1</b> Review and assess current application of SDM. Identify gaps in accuracy and consistency.	Timeframe	3 months (12/31/04)	Assigned to	CWS Social Workers CWS Supervisors CWS Program Managers
	<b>1.2.2</b> Amend current policy and procedure, if necessary. Train staff on accurately and consistently utilizing SDM when assessing safety and risk of likelihood of future maltreatment.		6 months (3/31/05)		CWS Social Workers CWS Supervisors CWS Program Managers
	<b>1.2.3</b> Implement standard practice to ensure that staff are accurately utilizing SDM.		9 months (6/30/05)		Supervisors are key in assuring staff compliance with policy and procedure, oversight by CWS Program Managers.
<b>Strategy 1.3</b> Begin the process of implementing a statewide comprehensive assessment tool.			<b>Strategy Rationale</b> A tool that will assess safety, risk and protective capacity throughout the life of a case is needed to assist staff in making an accurate assessment of those families that are at risk of having another instance of maltreatment.		
Milestone	<b>1.3.1</b> Participate in the State workgroup developing the Statewide Comprehensive Assessment tool.	Timeframe	1 month (10/31/04) and ongoing	Assigned to	CWS Program Manager
	<b>1.3.2</b> Inform staff on progress in the development of the Statewide Comprehensive Assessment Tool and provide training prior to implementation.		1 month (10/31/04) & ongoing		CWS Program Manager CWS Social Worker Supervisor
<b>Improvement Goal 2.0</b> Engage families in creating tailored service and case plans.					

<b>Strategy 2.1</b> Enhance family strengths & needs to engage families in case planning.			<b>Strategy Rationale</b> Utilize an approach on family strengths & needs will engage families to create tailored case plans that should decrease the potential to maltreat their children in the future.		
Milestone	2.1.1 Review and assess current practice for utilizing family strengths & needs in engaging families and developing case plans.	Timeframe	3 months (12/31/04)	Assigned to	CWS Supervisors CWS Program Managers
	2.1.2 Provide training in strength based case plans.		6 months (3/31/05)		CWS Supervisors CWS Program Managers
	2.1.3 Implement standard practice to ensure that staff is accurately and consistently utilizing family strengths & needs in engaging families in case planning.		9 months (6/30/05)		Supervisors are key in assuring staff compliance with policy and procedure, oversight by CWS Program Managers.
<b>Strategy 2.2</b> When appropriate utilize evidence-based practices.			<b>Strategy Rationale</b> Additional resources are needed for families at risk of recurrence. There is a lack of science based treatment options with proven outcomes available to children and families.		
Milestones	2.3.1 Begin the utilization of evidence-based practices for families.	Timeframe	6 months (3/31/05)	Assigned To	EBP Leaders
	2.3.2 Train CWS staff on evidence-based practices in terms of purpose, outcomes and appropriate families for the programs as well as the referral process.		9 months (6/30/05)		EBP Leaders CWS Social Worker Supervisors CWS Program Managers
	2.3.3 Implement a standard practice to ensure staff is accurately referring clients to the appropriate EBPs.		12 months (9/30/05)		Supervisors are key in assuring staff compliance with policy and procedure, oversight by CWS Program Managers.
<b>Strategy 2.4</b> Enhance the differential response system.			<b>Strategy Rationale</b> The development of a differential response system, over time, will allow CWS and community agencies to respond in a more flexible manner to referrals of child abuse or neglect based on the perceived safety and risk presented, as well as the needs and circumstances of children and families.		

Milestone	2.4.1 Participate in the State workgroup to define the pathways of response for reports of abuse or neglect.	Timeframe	1 month (10/31/04) and ongoing	Assigned to	CWS Social Worker Supervisor CWS Program Managers CWS Administration
	2.4.2 Inform staff on progress in the development of Differential Response and provide ongoing training.		9 months (6/30/05) and ongoing		CWS Social Worker Supervisors CWS Program Managers
<b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> County CWS Training curriculum will need to be updated with any changes made. Ongoing resource updates will need to occur.					
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Staff will need to be trained in areas that are newly developed or on changes in existing practice including Evidence-Based Practices, Differential Response, Comprehensive Assessment Tool and Quality Assurance.					
<b>Identify roles of the other partners in achieving the improvement goals.</b> Community partners will be included in Differential Response. Departmental Branches (Mental Health and Public Health) will need to collaborate with CWS on evidence-based practices in which they are the leads.					
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> CDSS will need to continue its lead in the development of Differential Response and the Statewide Comprehensive Assessment Tool. Statute (regulation and funding) changes may be needed surrounding the implementation of Differential Response.					

<b>Outcome/Systemic Factor:</b> Children placed with Relatives					
<b>County's Current Performance:</b> In the Self-Assessment the number of placements with relatives or Non-Related Extended Family Members (NREFM) was below the state average. The percent of children placed in out of home care in Humboldt County who had a primary placement with a relative/NREFM reported in the Self-Assessment was 22.1. For the State of California the percent was 33.9. Initial placements with relatives/NREFM were also below the State average. Humboldt County's percent for initial placement with a relative/NREFM was 11.5, whereas the State average was 16.1. The Self-Assessment team believes this is an area that can be improved upon.					
<b>Improvement Goal 1.0</b> Increase the number of initial and primary relative placements.					
<b>Strategy 1.1</b> Review, evaluate, and if necessary, amend the process for placing children with relatives/NREFM.			<b>Strategy Rationale</b> A complete understanding of the process for placing children with relatives as well as a review of current procedures in place is needed in order to identify barriers and recommend improvements to increase the number of children placed with relatives/NREFM.		
<b>Milestone</b>	<b>1.1.1</b> Review State mandates and County policy that apply to placing children with relatives/NREFM.	<b>Timeframe</b>	3 months (12/31/04)	<b>Assigned to</b>	CWS Analysts Probation (Juvenile Div.) and CWS Supervisors Relative Specialist
	<b>1.1.2</b> Review current procedures and resources allocated for placing children with relatives/NREFM at intake and ongoing, including data entry and documentation.		6 months (3/31/05)		CWS Analysts Probation (Juvenile Div.) and CWS Supervisors Relative Specialist
	<b>1.1.3</b> Identify areas in current practice that can be modified (i.e., reassigned, eliminated, etc.) in order to increase the number of children placed with relatives/NREFM. Identify practices within departmental branches and community that will improve the relative placement process. Recommend and obtain approval for process improvements. Revise policy and procedure for needed changes.		9 months (6/30/05)		CWS Analysts Probation (Juvenile Div.) and CWS Supervisors Relative Specialist Probation and CWS Management
	<b>1.1.4</b> Develop and deliver training for all staff on policy and procedure.		12 months (9/30/05)		CWS Analysts Probation (Juvenile Div.) and CWS Supervisors Relative Specialist

	1.1.5 Implement a method to ensure all staff are accurately applying policy and procedure for placing children with relatives/NREFM.		12 months (9/30/05)		Supervisors are key in assuring staff compliance with policy and procedure, oversight by CWS and Probation Program Managers.
Strategy 1.2 Identify methods to discover and locate relatives of children.			Strategy Rationale All possible methods of identifying and locating relatives, including NFREM, will increase the number of children placed with relatives.		
Milestone	1.2.1 Assess current methods utilized to identify relatives and NREFMs in intake and ongoing case management.	Timeframe	3 months (12/31/04)	Assigned to	CWS Analysts Probation (Juvenile Div.) and CWS Supervisors Relative Specialist
	1.2.2 Identify additional methods/resources for identifying relatives and NREFMs, including but not limited to: partner agencies, community based organizations, family resource centers as well as public information announcements.		6 months (3/31/05)		CWS Analysts Probation (Juvenile Div.) and CWS Supervisors Relative Specialist
	1.2.3 Establish protocols/procedures to utilize identified additional resources and methods.		9 months (6/30/05)		CWS Analysts Probation (Juvenile Div.) and CWS Supervisors Relative Specialist Probation and CWS Management
	1.2.4 Develop and deliver training to all CWS, Probation and necessary partner staff.		12 months (9/30/05)		CWS Analysts Probation (Juvenile Div.) and CWS Supervisors Relative Specialist Probation and CWS Management
	1.2.5 Implement a method to ensure CWS and Probation staff are accurately utilizing available resources for placing children with relatives and NREFMs,		12 months (9/30/05)		Supervisors are key in assuring staff compliance with policy and procedure, oversight by CWS and Probation Program Managers.
Discuss changes in identified systemic factors needed to further support the improvement goals. Working closer with outside agencies and resources in identifying relatives and NREFMs as placement options.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. All CWS, Probation and partner agency staff will need to be trained on new methods, or changes to existing methods developed to increase placements with relatives. CWS Supervisors and Program Managers will need training on establishing and applying quality assurance practices to new/changed procedures.					
Identify roles of the other partners in achieving the improvement goals. Identified partners will need to be involved in the development					

of and application of the process for sharing relative information.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.** A waiver to regulations identified in the process analysis that are barriers to placing children with relatives may be sought.



<b>Outcome/Systemic Factor:</b> Building Partnerships with Native American Tribes							
<b>County's Current Performance:</b> Effectively working with the Native American tribes in Humboldt County was a system area identified in the Self-Assessment. This working relationship impacts all aspects of delivering services to Native American families and children. Working together as partners with Native American Tribes, Child Welfare Services and Probation look to improve the outcomes for Native American children and families.							
<b>Improvement Goal 1.0</b> Increase understanding of tribal governments in relation to child welfare proceedings							
<b>Strategy 1.1</b> In conjunction with tribes provide comprehensive training on Indian Child Welfare Act (ICWA), tribal history and tribal cultural values.				<b>Strategy Rationale</b> Comprehensive training that clearly explains ICWA and how it applies to working with Native American families as well as understanding Native American cultures is essential to improving the working relationships with Native American tribes.			
Milestone	1.1.1 Review current training on ICWA, tribal history and tribal cultural values and identify areas that are missing or need clarification.		Timeframe	3 months (12/31/04)		Assigned to	CWS Analyst CWS and Probation Supervisors Tribal Representatives
	1.1.2 Assess current application of ICWA and placement of Native American children in CWS and Probation			6 months (3/31/05)			CWS Analyst CWS and Probation Supervisors Tribal Representatives
	1.1.3 Provide and deliver comprehensive training to CWS and Probation staff.			9 months (6/30/05)			CWS Analyst CWS and Probation Supervisors Tribal Representatives
	1.1.4 Implement quality assurance practices to ensure CWS staff is accurately applying policy and procedure on ICWA and placement of Native American children.			12 months (9/30/05)			Supervisors are key in assuring staff compliance with policy and procedure, oversight by CWS and Probation Management.
<b>Strategy 1.2</b> Explore strategies on how CWS, Probation and local tribes will work together when a tribal family is involved with CWS or Probation.				<b>Strategy Rationale</b> Exploring strategies with local tribes will clarify and improve the working relationship with CWS and Probation.			
Milestone	1.2.1 Contact and meet with interested Native American tribes to discuss strategies		Time frame	6 months (3/31/05)		Assigned	CWS and Probation Management Deputy Director

	<b>1.2.2</b> Explore the option of developing a committee of local tribes, CWS and Probation to improve communication and better working relationships		9 months (6/30/05)		CWS and Probation Management Deputy Director Tribal Representative(s)
<b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> N/A					
<b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Collaboration with the Native American tribes will be needed to ensure training is comprehensive and accurate.					
<b>Identify roles of the other partners in achieving the improvement goals.</b> The Native American tribes are essential to meeting the improvement goals.					
<b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b>					

**ATTACHMENT I:**  
**HUMBOLDT COUNTY**  
**CHILD AND FAMILY SERVICES REVIEW PART I:**  
**COUNTY SELF-ASSESSMENT**

**Summary Assessment**

In 1997, the federal government enacted the Adoption & Safe Families Act (AFSA) which mandated the development of outcome measures for safety, permanency and child/family well-being. The Child and Family Services Review (CFSR) was created to measure outcomes in these areas. The federal government then began to audit child welfare systems in all 50 states using the CFSR. So far no states have passed this audit. As a result the federal government required states to develop and implement a Program Improvement Plan (PIP). In 2001, California enacted AB 636 into law as the Child Welfare Services Improvement and Accountability Act of 2001. As part of this Act and California's PIP, all 58 counties in California are required to participate in the California Child and Family Services Review (C-CFSR). The C-CFSR is comprised of three parts: County Self-Assessment; County System Improvement Plan (SIP); and Targeted Peer Quality Review (TPQR).

The County Self-Assessment is the first part of the C-CFSR to be completed. This self-assessment is the county's opportunity to explore how local program operations and systemic factors affect measured outcomes. The SIP will focus on those areas identified in the Self-Assessment as needing improvement and will have plans for improvements in specific outcomes within defined timelines. The TPQR uses peers from other counties to analyze specific practice areas and to identify key patterns of agency strengths and concerns.

This Self-Assessment report of Humboldt County's Child Welfare Services (CWS) addresses CWS outcomes and indicators as well as local system characteristics. The report also assesses outcomes for foster children under the direct supervision of the Probation Department's Juvenile division. Humboldt County's C-CFSR Self-Assessment was completed with input from representatives from the following areas:

- Adoptions (CDSS)
- American Federation of State, County and Municipal Employees
- California Youth Connection
- Community Partners
- Court Appointed Special Advocates
- CWS Staff
- Foster Parents
- Juvenile Court
- Law Enforcement
- Local Education
- Mental Health Branch
- Parents
- Probation Department
- Public Health Branch
- Regional Training Academy
- Two Feathers Native American Family Services

This report is composed of four key areas:

- 1) Demographic Profile and Outcomes Data. This section includes the County Data Report compiled and provided by the California Department of Social Services (CDSS). This report includes Child Welfare participation rates, outcome indicators, process measures and caseload demographics. An analysis about the performance on each of the outcome indicators provided in the County Data Report is provided in this part. This section also includes demographics of the general population and a profile of the education system in Humboldt County.
- 2) Public Agency Characteristics. This section describes the county, community and child welfare system environment. It includes size and structure of agencies, number and composition of employees, and current system reform efforts.
- 3) Systemic Factors. Federally identified systems involved in delivering child welfare services is discussed in this section. It includes relevant management information systems, case review system, foster/adoptive parent licensing, recruitment and retention, quality assurance system, service array, staff/provider training and agency collaborations.
- 4) Prevention Activities and Strategies. This segment addresses efforts to use primary prevention or early intervention strategies to improve outcomes for at risk populations. Prevention Partnerships and Strategies for the Future are included.

There is no “pass” or “fail” associated with the Self-Assessment as there is no objective standard by which the county must assess its performance. Areas of strength and those areas that need improvement are identified. As mentioned earlier, areas that need improvement will be addressed in the county’s SIP.

In Humboldt County, CWS is part of the Social Services Branch of the Department of Health and Human Services (DHHS). DHHS has two other branches, Mental Health and Public Health.

Humboldt County is in the first group of counties to implement CWS Redesign. CWS Redesign’s outcomes and goals are in accord with the outcomes of C-CFSR. These are:

- Children are safer
- Families are stronger
- Results are more fair & equitable
- Communities share responsibility for child welfare
- Families realize their potential
- Youth are supported
- Services are more responsive
- Children experience greater stability

By being a member of the first Cohort, Humboldt will be able to not only move toward these goals but also employ new practices, activities and programs that will improve in the outcome areas of the C-CFSR.

An identified area of strength for Humboldt County through the Self-Assessment is the outcome that “Children are first and foremost, protected from abuse and neglect.” The

data used to measure this outcome shows the rate of substantiated referrals has been decreasing since 1999, and the rate of abuse or neglect in foster homes is reported to be below the federal standard. Another safety measurable outcome that is identified as strength is the timeliness of response on referrals of abuse or neglect.

There is strength in the area of permanency shown by the measure of the length of time to exit foster care to reunification or adoption. In both of these areas Humboldt has shown an increase since 1999. The number of children reunified within twelve months exceeds the federal standard.

There were strengths identified in the Systemic Factors that impact outcomes for children and families. The numerous collaborations with agencies and community partners impact all services and aspects of keeping children safe and protected. The collaborations allow for a wide array of services as well as set the foundation to increase and expand services. In areas that improvement could be made in the systems, collaborations are in place, or in development, that will assist CWS and Probation to improve service delivery and the outcomes for children.

Some of the system service areas identified as needing improvement are: more Alcohol and Other Drug (AOD) detoxification treatment for parents and for youth; placement options for critical high-end children; and integration of treatment services with visitation schedules that require increasing numbers of visits. CWS works closely with the Mental and Public Health branches to continue prevention efforts, and in addition to Mental and Public Health branches, community partners will be involved in developing creative approaches to deliver services as well as increase services.

Another systemic area that was identified as needing improvement is the turnover of social workers in CWS. During the time frame of data collection for this report the turnover rate for social workers was 25%. Turnover of staff can negatively impact all areas of service delivery as well as the relationships with children and families.

There are some measurable areas identified that Humboldt County can improve upon. Two areas in the category of safety were identified. Permanency had only one area showing a need for improvement. In the category of Family Relationships and Connections, several areas indicated a need for improvement. These were mainly focused on improving the placement of children with relatives and in the case of Native American children, placement with relatives and/or Native American families needs to improve.

Through the Self-Assessment process, it was discovered that a contributing factor in measurable area outcomes is the need to improve the way data was entered. In some situations data was not entered correctly and in others the work had been completed but not entered into the electronic case management system Child Welfare Services/Case Management System (CWS/CMS). CWS/CMS is the source of data used for measuring outcomes. This is especially true in the case of timely monthly

social worker visits. As mentioned earlier, during the time frame the visits were measured, the turnover of social workers was at 25% and so data entry of visits that were made was not always recorded timely, and fourteen percent of the visits had visitation waivers that were not recorded correctly in CWS/CMS. CWS/CMS itself, contributes to incorrect recording of information. Many times this data system is slow to update data collection fields to match changes in regulations and state mandates. This results in confusion by staff on entering the information correctly.

Many action steps have already begun to improve outcomes. Data “clean-up”, reviewing the way data has been entered, and then correcting data entered in error, are some of the steps being taken to improve data entry. Areas in which staff need additional training are being identified, and training is being given. Quality assurance processes are also being updated.

A major action step is the implementation of six evidence-based practices. DHHS is committed to using evidence-based practices in all prevention, early intervention and treatment strategies. This long-term strategic decision will permeate all aspects of County agency activity, and extend to community partners in the future. It is a foundation for successful community and family interventions. The evidence-based practices that will be implemented in Humboldt County are: Aggression Replacement Training, Family to Family, Functional Family Therapy, Incredible Years, Multi-dimensional Treatment Foster Care, and Parent Child Interaction Therapy. DHHS will also participate in CalMAP (California Medical Algorithm Project.) CalMAP is the use of evidence-based medical practice. These practices have specific strategies that will improve outcomes. One example of this is how Family to Family will assist CWS and Probation in recruiting foster families in the communities in which children are removed. This will allow less disruption to children removed from their homes. Team decision making, another element of Family to Family, will contribute to fewer placements and moves which also contribute to less disruption for children.

Humboldt County is one of only three California counties that have an AB1259 waiver that allowed the Departments of Social Services, Mental Health and Public Health to combine in to one department. DHHS is a proponent of integrated funding, interagency and intra-agency funding, and community collaborations. DHHS aggressively seeks out and secures appropriate funding from numerous foundations and grant providers to off-set start-up costs for new programs and changes in existing services. The integrated funding allows CWS to implement new programs, participate in CWS Redesign and continue to improve services to families and children even in strained budgetary times.

Humboldt County has strong prevention strategies in place. There are several opportunities for mental health treatment available throughout the county to families at risk. Schools in Humboldt County offer a range of prevention activities. These include but are not limited to: free breakfast and lunch programs, counseling on site, mentoring, student study teams, gang risk intervention, tobacco use prevention, and suppression of drug abuse. Big Brothers Big Sisters is very active in Humboldt

County and is accessed by many youth. The Native American tribes offer prevention services to members. Their services range from preventing domestic violence, alcohol and substance abuse to healthy nutritional choices.

Prevention and family support can be found throughout the county at numerous Family Resource Centers (FRC) and Healthy Start sites. The FRCs offer a variety of prevention services, some of these include: parenting workshops, health fairs, family literacy, babysitting and CPR classes. The FRCs may be an integral member in the development and implementation of CWS Redesign's Differential Response (the process of referring some calls to CWS to community services without direct CWS involvement.)

Humboldt County will be looking to explore several areas through the Peer Quality Case Review. One of these areas includes the relationships peer counties have with Native American tribes located in their counties, especially in counties that have multiple tribes. The practices utilized to place children in relative homes and efforts taken to place all siblings together are other areas to be explored. Input and feedback on Humboldt County's implementation of Family to Family from peer counties that already have Family to Family in place will also be sought through the PQCR.

Humboldt County has much strength in protecting children and keeping them safe as well as delivering services to children and families that need them. As mentioned earlier, there are areas indicated by the measured outcomes that need improvement. Improvement approaches in these areas have already begun. Quality assurance methods are being reviewed to ensure that areas that are doing well, continue to do so and those areas needing improvement, start to improve. Humboldt County has many exciting changes beginning or on the horizon with CWS Redesign, the creation of a consolidated children and families division that will deliver services across disciplines, as well as increasing and expanding collaborations and the implementation of evidence based practices. Improvement in all outcomes is anticipated as Humboldt moves forward to improve the lives of children and families in the community.